

## INSTRUCTIONS FOR COMPLETING THE SUPERVISOR/CASE MANAGER/SUPPORT BROKER FOLLOW-UP

### I. Section I

- a. **Why did the incident occur?** This should be an analysis (conclusion) of the incident, not a repetition of the description of the incident (pg.1). Your analysis should come after you have talked to all persons involved that can provide you with additional information on “why” the incident occurred. For instance...if something happened at ADT the “why” could be discovered at the place the person was before arriving at ADT...It is important to always check for additional information on what happened prior, during, and after incident. As you explore causes of the incident it is important to document the name/title of who you talked with and the date that you conversed with them.
  - i. Have all “why” questions been answered?
  - ii. Has the consumer had other incidents? How many? Are they increasing/decreasing?
  - iii. When was the last one?
  - iv. Should others be involved in analyzing this incident (e.g., nurse, PT, Behavior Analyst)?
  - v. Have significant changes in the person’s life been explored which may have contributed to the incident?
  - vi. Does the incident description adequately depict what happened?
  - vii. Could the incident occur again?
  - viii. Is there more than one explanation possible for what happened?
- b. **What staff action was effective in diffusing the incident or redirecting problem behavior?** Most often the response is “staff action was (or was not) effective”. More detailed information is necessary. For instance, if “Yes” list what staff did that was effective, determine if all staff who work with the person react in the same manner, and ensure the beneficial actions are shared with all those who work with the person. If “No”, list the specific actions were not effective and ensure that other staff know these actions were not successful.
- c. **What staff action may have contributed to or aggravated the incident?** Ask the individual what could have been done differently or better. What would they like for staff to do in the future? Identify any staff actions which made the situation worse. It is important to note specific actions rather than general statements. An example would be, according to Individual X, Staff Y engaged in a power struggle with Individual X by insisting he go to his room when he did not want to go. The manner of the requests were seen by Individual X as staff telling him what he had to do instead of asking him if he would do something.
- d. **Was treatment obtained in a timely fashion?** Broaden your thoughts to include other types of treatment not just medical. Think about counseling, therapy and other supportive treatments especially if the incident had a significant impact on the individual. It is hard to imagine not being impacted if you are physically/mentally assaulted by another individual or the victim of any type of abuse, neglect or exploitation. Often we do not take the impact of these situations into consideration. People need whatever treatment is necessary to feel safe and secure in their environment. That’s especially true of the home environment since most of us think of home as our refuge or safe harbor.
- e. **Was a Behavior Plan followed? Was it effective?**
  - i. Does the person have a BSP/ Functional Analysis?
  - ii. List the targeted behaviors on BSP (even if they don’t apply to this incident)
  - iii. How long has it been in effect?
  - iv. Review the BSP as a checklist with the staff that were involved. Specifically ask for each step in BSP to determine if Staff accurately implemented the BSP.
  - v. If staff competently followed the BSP, yet it failed to be effective, analyze why it didn’t work?
  - vi. If BSP was effective, include that information...e.g. BSP is effective for Individual X, the last 6 months of data collection/IR show a decrease of this incident by \_\_\_% each month; or from 10 incidents a month down to 5 incidents per month. IF your agency has a QA tracking base, ask for a trending analysis of the incidents. If not, you could review the information and produce your own.
- f. **Was a Crisis Plan followed? Was it effective?**
  - i. Does the person have a CPP?
  - ii. List what is on the CPP (even if it doesn’t pertain to the current incident). Take the same actions as listed under the BSP.

### II. Section II

- a. **How could this incident have been prevented?** This question can be answered if you have thoroughly answered question I. It is our belief that virtually all incidents are preventable.



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- i. Have there been documented skills deterioration, sleep disturbances, changes in eating habits, or changes in medication?
  - ii. Have there been changes in events, stressors, and/or noise levels?
  - iii. Has the person been a victim of abuse or neglect?
  - iv. Can you identify any related patterns (employees, place, times of day, locations, other consumers, etc.)?
  - v. Have environmental issues been identified and corrected?
  - vi. Are the preventative actions possible? Can it be monitored?
  - vii. If the incident was linked to a medical issue, is medical or clinical assessment or follow-up needed?
  - viii. If the incident involves a behavioral issue, does the person(s) involved have a behavior plan?
  - ix. If the incident involved an environmental factor, has that factor been addressed?
  - x. If the incident was linked to a programmatic issue, has the person responsible for that particular training program been notified and involved?
- b. **How will the agency ensure that the incident does not occur again?** The word “agency” refers to all persons who work with the individual along with the management/leadership.
- i. What Actions are within the control of the case manager, supervisors of services, regional center, and/or provider?
  - ii. Are necessary resources available? How will necessary resources be obtained?
  - iii. Does the responsible person have the authority to implement prescribed actions? If not, what steps must be taken to involve persons with authority?
  - iv. List any actions that have been implemented since the initial date of the incident. Some examples might be changes in staffing patterns, requests for additional supports such as a functional assessment, changes in delivery of support services, etc.
- c. **What specific changes will be made in the person’s life (home, work, day, etc.)?** Many incidents appear to occur because the individual is not able to live the kind of life that they desire (e.g. the individual does not wish to go to the day program)..
- i. Determine how the individual wants to spend their time.
  - ii. Assess how they are actually able to spend their time.
  - iii. Reconcile the differences.
- d. **What will staff do differently?** Have staff identify different ways that they could have addressed the situations and determine if the other alternatives could have had a more desirable outcome.
- e. **Does the person’s team need to meet?** Do not depend upon your judgment alone to make important decisions regarding individuals’ lives. Take the information collected during this process to the individual’s multidisciplinary team to devise the best possible solution for the individual’s situation.
- f. **What systems changes need to occur?** While this process is important to ensure that specific individuals are supported appropriately, it is equally, if not more important to recognized situations where the policies followed by the provider do not work and put all individuals at risk. It is vital that you determine whether this incident represents an isolated error or a system breakdown or flaw.
- g. **How will management’s role change?** Management in this context does not solely refer to the Executive Director and/or Executive Leadership. It also includes other supervisory or non-supervisory levels of management such as Case Managers, Supervisors, Liaisons, Program Directors, QI team members, and any one who provides support to the direct care staff in providing care to the individual.

### III. Section III.

- a. **What staff training needs were identified?** Be specific. Is training needed for only one staff member, a small group of staff members, or all staff members that provide direct care to individuals? Does it apply to one particular service site or to all service sites? Also ensure the responsible person knows to whom and where the documentation of training is to be sent.
- b. **On what date will the training occur?** Include the date and time you arranged training or requested from another responsible party that training be provided as well as the actual date and time scheduled for the training. Remember that the quicker the training can be provided the less likely the incident will recur.
- c. **Who will provide the training?** Look both internally and externally for available training. Many training opportunities exist online on the train.org website. Also, many local hospitals have training available in such areas as nutrition and diabetes management.

### IV. Section IV.

- a. **Are any changes necessary that will be made to the Individual Plan of Care, Crisis Prevention Plan, and/or the Behavior Support Plan?** If yes, explain what changes will be made. Attach any changes to the incident

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report if completed. If changes are not completed by the deadline date, attach a copy of the changes to the agency copy of the incident report and share it with your Area Administrator during their next technical assistance visit.

- b. How will these changes support the person to achieve his/her vision and cope effectively?** Describe how the team anticipates that these changes will reduce or eliminate the disparity between the life that the individual has and the life that the individual desires.
- c. What other positive changes can be made to enhance the person's life? (such as, more choice, pursuing the person's vision, variety, developing relationships, developing and enhancing communications)** An area that is often overlooked or taken for granted is communication skills of the individual. Often it is said by staff "they understand me" "I know what they want" "Staff have worked with them so long they just know what the person wants or tries to say". Often it is found individuals can understand staff but staff's assumptions about what the person wants are incorrect. The first step in prevention is to ensure all people (especially people who are non-verbal) have a valid communication plan. A communication plan can include responses from the person and/or those who know them best to answer: "When I do this (action, sign language, gesture, statement)...I mean (describe what the person wants)...Staff should do (describe the reaction desired by the person)...These types of plans provide continuity in people's lives....A communication plan can address what other communication devices and/or services that are available to the person, such as formal assessments/therapy by Speech therapists?

### V. Section V.

- a. What is the individual's current status?** It is important to note an accurate assessment of the individual's current status is often not available from information gathered on the day of the incident (medical issues/falls, cuts, etc...) or even on the next day. In order to provide an accurate current status ensure you use the full amount of time that is allotted to you by the SCL regulation. Ensure you see and speak to the individual to ask how they are and how the incident impacted them as well as speaking to staff members and other significant people in the individual's life.
- b. What kind of impact has the incident had on the individual's life?** It is highly probable that many individuals in this program are dealing with the effects of post-traumatic stress syndrome. If we think back to our own school days and remember how we and others treated the students in special education classes it is little wonder that many of our individuals have adjustment difficulties. Just as it is unlikely that you could go through violence from peers, abuse, or neglect without facing significant impact; so too is it unlikely for the individuals supported by your agency. Be realistic with your assessments in this area.